



Parent/Visitor/Vendor COVID-19 Screening Complete before entering the building

Name: _____ Date: _____

Email: _____ Cell: _____

COVID-19 Symptoms

- Fever > 100 F
- Cough
- Difficulty breathing
- Chills
- Muscle or body aches
- Headache
- Sore throat
- New loss of taste or smell
- Unusual fatigue
- Congestion or runny nose (not related to allergies)
- Nausea, vomiting, or diarrhea

Please read and answer these four questions below *before* entering the building:

1. Have you had any of the COVID-like symptoms enumerated above in the last 24 hours?
 YES NO
2. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?
 YES NO
3. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?
 YES NO
4. Within the past 14 days, have you been in close contact with anyone that you know had COVID-19 or COVID-like symptoms? Close contact is being within 6 feet for 15 minutes or more over a 24-hour period.
 YES NO

If you answered YES to any of the above questions, do NOT enter the building.

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- Social distancing of at least six feet should be maintained at all times.
 - Face coverings must be worn at all times, unless you will be working alone.
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Visitor signature: _____

Bear Creek employee initials: _____